


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 059 - 849	2. PERIOD COVERED MO DAY YEAR From 07 01 2001 Through 06 30 2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name J . A . Last Name L A W R E N C E P.O. Box - Building and Room Number (if any) S U I T E 5 0 0 Number and Street 1 4 6 0 0 T R I N I T Y B L V D City F O R T W O R T H State T X ZIP Code + 4 7 6 1 5 5 - 2 5 1 2		
4. AFFILIATION OR ORGANIZATION NAME ALLIED PILOTS ASSOCIATION			
5. DESIGNATION (Local, Lodge, etc.) N/A		6. DESIGNATION NUMBER N/A	
7. UNIT NAME (if any) N/A			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION	
Item Number	SEE ATTACHED

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>John E. Danah</u> 9-25-02 Date	PRESIDENT (If other title, see instructions.) 800-323-1470 x 2115 Telephone Number	77. SIGNED: <u>John A. J.</u> 9/24/02 Date	TREASURER (If other title, see instructions.) 800-323-1470 x 2117 Telephone Number
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During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions?..... Yes ☒ No ☐
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ ☐
12. Have a political action committee (PAC) fund? ☒ ☐
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ ☐
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1 2 6 7 7

19. What is the date of your organization's next regular election of officers? MO 0 5 YEAR 2 0 0 4

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0

21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>1.5% salary</u> per <u>month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>25</u>
(c) Transfer Fees	\$ <u>N/A</u>
(d) Work Permits	\$ <u>N/A</u> per <u>N/A</u> (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☒ No ☐
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒

24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 0 5 9 - 8 4 9

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash.....	1	5 8 8 8 1 8 9	3 8 1 4 0 6 9
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....		5 2 7 5 6	5 7 8 5 7 7
	28. U.S. Treasury Securities.....		1 2 4 4 2 3 0	3 0 6 8 5 1 1
	29. Investments.....	2	7 2 2 1 5 6 6	1 0 3 8 9 1 3 4
	30. Fixed Assets.....	5	7 1 8 5 0 0 9	6 7 4 3 5 1 7
	31. Other Assets.....	3	2 6 9 6 9 8 8	2 7 4 2 8 1 2
	32. TOTAL ASSETS.....		2 4 2 8 8 7 3 8	2 7 3 3 6 6 2 0
LIABILITIES	33. Accounts Payable.....	8	6 7 2 2 9 9	7 3 1 2 7 9
	34. Loans Payable.....		2 7 4 8 9 9 3 2	2 7 0 4 4 2 9 6
	35. Mortgages Payable.....	4	0	0
	36. Other Liabilities.....		6 4 2 1 1 5 1	9 3 1 3 7 9 6
	37. TOTAL LIABILITIES.....		3 4 5 8 3 3 8 2	3 7 0 8 9 3 7 1
	38. NET ASSETS (Item 32 less Item 37).....		- 1 0 2 9 4 6 4 4	- 9 7 5 2 7 5 1

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 5 9 - 8 4 9

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		2 2 2 0 2 3 6 2	56. To Officers.....	9	1 8 5 6 8 6 3
40. Per Capita Tax.....		0	57. To Employees.....	10	6 2 9 9 6 5 6
41. Fees.....		0	58. Per Capita Tax.....		0
42. Fines.....		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments.....		0	60. Office & Administrative Expense....	13	1 6 2 0 5 2 5
44. Work Permits.....		0	61. Educational & Publicity Expense...		0
45. Sale of Supplies.....		0	62. Professional Fees.....		4 7 1 9 0 1 9
46. Interest.....		6 5 4 9 5 1	63. Benefits.....	11	1 9 4 8 6 7 1
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	1 1 0 0 0
48. Rents.....		4 4 8 4 2 3	65. Supplies for Resale.....		0
49. Sale of Investments & Fixed Assets.....	6	7 0 7 5 8 2 3	66. Direct Taxes.....		1 2 5 4 9 1
50. Loans Obtained.....	8	1 3 2 9 6 8 1	67. Withholding Taxes.....		2 3 6 5 6 3
51. Repayments of Loans Made.....	1	3 8 6 0 8	68. Purchase of Investments & Fixed Assets.....	7	1 2 7 4 3 1 8 4
52. On Behalf of Affiliates for Transmittal to Them.....		0	69. Loans Made.....	1	5 6 4 4 2 9
53. From Members for Disbursement on Their Behalf.....		3 2 1 7 6 4	70. Repayment of Loans Obtained.....	8	1 7 7 5 3 1 7
54. Other Receipts.....	14	1 0 0 8 7 3 4	71. To Affiliates of Funds Collected on Their Behalf.....		0
			72. On Behalf of Individual Members...		0
			73. Other Disbursements.....	15	3 2 5 3 7 4 8
55. TOTAL RECEIPTS.....		3 3 0 8 0 3 4 6	74. TOTAL DISBURSEMENTS		3 5 1 5 4 4 6 6

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: FURLOUGH PILOT LOAN Purpose: SEE ITEM 75 Security: NONE Terms: SEE ITEM 75	3 5 2 7 1	4 8 6 0 0 0	2 1 1 2 3	0	5 0 0 1 4 8
2. Name: EMERGENCY RELIEF FND Purpose: SEE ITEM 75 Security: NONE Terms: SEE ITEM 75	1 7 4 8 5	0	1 7 4 8 5	0	0
3. Name: IRISH PILOTS UNION Purpose: SEE ITEM 75 Security: NONE Terms: SEE ITEM 75	0	7 8 4 2 9	0	0	7 8 4 2 9
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	5 2 7 5 6	5 6 4 4 2 9	3 8 6 0 8	0	5 7 8 5 7 7
The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27 Column (A) with Explanation Column (B)					

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 5 9 - 8 4 9

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	9 9 0 0 3 2 3
2. Total Book Value	1 0 3 8 9 1 3 4
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) NONE OVER 20% OF LINE 2	0
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	1 0 3 8 9 1 3 4
The total from Line 7 is entered in Item 29, Column (B)	

SCHEDULE 3 - OTHER ASSETS

Description (A)	Book Value (B)
1. INTEREST RECEIVABLE	9 3 2 3 8
2. DUES RECEIVABLE	1 9 0 3 2 7 0
3. OTHER MEMBER RECEIVABLES	1 9 4 0 0
4. DEFERRED RENT	5 8 2 1 8
5. INSURANCE RECEIVABLE	6 3 9 8 8 3
6. Total from additional pages (if any)	2 8 8 0 3
7. Total of Lines 1 through 6	2 7 4 2 8 1 2
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. FLIGHT PAY LOSS PAYABLE	9 3 7 0 1 4
2. RETIREMENT PLAN PAYABLE	3 6 9 9 8 8
3. POSTRETIREMENT PLAN PAYABLE	1 7 5 2 3 8 6
4. MEMBER EMERGENCY RELIEF FND	6 4 1 6 0
5. DEFERRED REVENUE (DUES)	5 1 3 3 1 4 1
6. Total from additional pages (if any)	1 0 5 7 1 0 7
7. Total of Lines 1 through 6	9 3 1 3 7 9 6
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 5 9 - 8 4 9

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 14600 TRINITY BLVD, FT WORTH TX	8 7 0 2 0 0		8 7 0 2 0 0	8 7 0 2 0 0
2. Totals from additional pages (if any)				
3. Buildings (give location): 14600 TRINITY BLVD FT WORTH TX	6 6 2 5 5 2 5	1 2 1 9 8 4 4	5 4 0 5 6 8 1	3 1 0 9 5 2 6
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	2 0 2 2 2	2 0 2 2 2	0	0
6. Office Furniture and Equipment	3 3 9 9 7 0 1	2 9 3 2 0 6 5	4 6 7 6 3 6	4 6 7 6 3 6
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	1 0 9 1 5 6 4 8	4 1 7 2 1 3 1	6 7 4 3 5 1 7	4 4 4 7 3 6 2
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. MARKETABLE SECURITIES	7 0 5 2 0 6 3	7 0 5 2 0 6 3	7 0 7 5 7 2 3	7 0 7 5 7 2 3
2. FIXED ASSETS	1 4 1 2 5	1 2 7 7 8	1 0 0	1 0 0
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	7 0 6 6 1 8 8	7 0 6 4 8 4 1	7 0 7 5 8 2 3	7 0 7 5 8 2 3
	7. Less Reinvestments			0
	8. Net Sales			7 0 7 5 8 2 3
The total from Line 8 is entered in Item 49				

FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 8 -- LOANS PAYABLE

Form LM-2 (Revised 2000)

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 059 - 849

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. ABBOTT SCOTT V CHAIR ORD	N	4 1 5 3 9	0	1 0 5 7 3	3 8 8	5 2 5 0 0
2. AITKEN AL FMR CHAIR DCA	P	5 3 5 1 3	0	1 6 6 3 3	1 4 3 7	7 1 5 8 3
3. AMES ROBERT VICE PRESIDENT	C	1 2 1 6 2 6	1 2 0 0 0	2 6 6 1 8	2 3 4 9	1 6 2 5 9 3
4. ANNABLE JAMES FMR V CHAIR DCA	P	6 7 4 4 7	0	8 3 0 0	2 2 4 7	7 7 9 9 4
5. BEALL PHILLIP FMR CHAIR DFW	P	1 0 3 3 5 9	0	2 1 3 8 7	2 3 2 3	1 2 7 0 6 9
6. BLOOM THOMAS CHAIR ORD	C	5 7 0 3 0	0	9 7 0 0	1 9 7 1	6 8 7 0 1
7. BOETTCHER GARY CHAIR DCA	N	4 0 1 6 8	0	7 4 3 6	0	4 7 6 0 4
8. Totals from additional pages (if any)		1 0 3 6 5 1 4	2 4 0 0 0	1 7 7 6 4 5	2 6 2 3 3	1 2 6 4 3 9 2
9. Totals of Lines 1 through 8		1 5 2 1 1 9 6	3 6 0 0 0	2 7 8 2 9 2	3 6 9 4 8	1 8 7 2 4 3 6
				10. Less Deductions	1 5 5 7 3	
The total from Line 11 is entered in Item 56				11. Net Disbursements	1 8 5 6 8 6 3	

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 5 9 - 8 4 9

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. BAKER ROBERT MEMBER	1 6 0 1 5	0	9 5 1 2	0	2 5 5 2 7
2. BALLEW NICOLE EMPLOYEE	3 0 2 1 3	0	0	0	3 0 2 1 3
3. BARKATE JOSEPH MEMBER	1 6 2 8 0 4	0	9 5 4 1	1 6 4 7	1 7 3 9 9 2
4. BARSHES BARBARA ACCOUNTING MGR	6 4 5 0 0	0	8 8	0	6 4 5 8 8
5. BERTLING SAM MEMBER	1 1 8 6 2	0	9 6 5	0	1 2 8 2 7
6. Totals from additional pages (if any)	5 1 8 5 2 4 1	0	5 1 1 9 3 2	1 2 9 5 4	5 7 1 0 1 2 7
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	3 9 1 8 6 3	0	8 8 1 8 5	1 4 6 5 1	4 9 4 6 9 9
8. Totals of Lines 1 through 7	5 8 6 2 4 9 8	0	6 2 0 2 2 3	2 9 2 5 2	6 5 1 1 9 7 3
			9. Less Deductions	2 1 2 3 1 7	
The total from Line 10 is entered in Item 57			10. Net Disbursements	6 2 9 9 6 5 6	

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 5 9 - 8 4 9

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION CONTRIBUTIONS	AMERICAN AIRLINES	7 7 4 7 9 7
2. PENSION CONTRIBUTIONS	FIDELITY INVESTMENTS	4 7 7 4 4 4
3. LIFE INSURANCE	PRUDENTIAL	1 7 5 1 0
4. EMPLOYMENT FEES	MISCELLANEOUS VENDORS	3 8 7 5 0
5. Total from additional pages (if any)		6 4 0 1 7 0
6. Total of Lines 1 through 5		1 9 4 8 6 7 1
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. UNITED PILOTS 9/11 FUND	5 0 0 0
2. FLAG RUN	5 0 0 0
3. KIDDS KIDS	5 0 0
4. UTAH STATE UNIVERSITY	2 5 0
5. HOSPICE OF GREEN COUNTY	1 0 0
6. NM CHRISTIAN CHILDRENS HOME	1 0 0
7. Total from additional pages (if any)	5 0
8. Total of Lines 1 through 7	1 1 0 0 0
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	2 5 1 6 9 2
2. OFFICE ADMINISTRATION	2 2 7 0 4
3. SUPPLIES	3 6 1 4 3 5
4. POSTAGE AND DELIVERY	3 1 4 9 2 0
5. REPAIRS AND MAINTENANCE	1 1 7 0 8 0
6. SUBSCRIPTIONS	1 0 0 4 4 1
7. Total from additional pages (if any)	4 5 2 2 5 3
8. Total of Lines 1 through 7	1 6 2 0 5 2 5
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. DISCOUNTS EARNED	1 2 3 2
2. FLIGHTLINE ADS	7 3 0 6
3. OTHER REVENUE	7 3 2 3
4. TWA EXPENSE RECOVERY	9 9 2 8 7 3
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 0 0 8 7 3 4
The total from Line 17 is entered in Item 54	

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. MEETINGS AND SEMINARS	5 6 7 0 6 7
2. OUTSIDE SERVICES	4 5 1 3 7 3
3. AWARDS/RETIREMENTS	5 6 8 3 2
4. TRAINING	2 2 1 7 0
5. PROPERTY MANAGEMENT FEES	2 6 4 8 0
6. INVESTMENT FEES	1 5 5 7 8
7. OTHER MEMBER RELATED COSTS	5 1 9 8 7 6
8. TRAVEL ADVANCES	2 2 0 9
9. INTERST EXPENSE	1 3 2 9 6 8 1
10. SECURITY DEPOSITS	2 0 9 0 0
11. PAYMENTS TO DOMICILES	1 6 7 3 0 8
12. APA COMAIR STRIKE FUND	7 4 2 7 4
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 2 5 3 7 4 8
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
BRESLIN DENIS CHAIR LAX	C	7 4 9 4 8	0	2 3 1 2 6	4 8 6	9 8 5 6 0
BURY JOHN SEC. /TREASURER	C	1 0 6 8 2 3	9 0 0 0	5 8 5 5	1 0 2 8	1 2 2 7 0 6
DARRAH JOHN PRESIDENT	C	2 0 8 9 6 9	1 5 0 0 0	1 2 5 8 5	2 1 1 4	2 3 8 6 6 8
DUNNING ROBERT V CHAIR SFO	C	5 2 6 3 4	0	6 3 0 3	1 1 5 1	6 0 0 8 8
EITEL DAVID CHAIR SFO	C	6 3 9 3 2	0	1 2 1 3 6	1 6 6 3	7 7 7 3 1
FARRELL JOHN CHAIR LGA	C	5 7 6 5 1	0	1 1 9 3 3	1 9 8 1	7 1 5 6 5
FRAZER THOMAS CHAIR MIA	C	5 9 7 1 5	0	1 1 5 5 6	1 9 8 0	7 3 2 5 1
GIRARD RICHARD V CHAIR BOS	C	2 8 5 0 3	0	4 6 7 1	2 8 6	3 3 4 6 0

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
LAVOY RICHARD FMR PRESIDENT	P	2 5 8 0 0	0	1 4 3 8	3 0 3 9	3 0 2 7 7
LERUTH RANDALL V CHAIR LAX	C	3 8 1 0 6	0	1 4 2 1 5	3 1 7	5 2 6 3 8
MAYER SAMUEL V CHAIR LGA	C	7 5 4 0 2	0	2 0 2 6 2	1 7 7 6	9 7 4 4 0
MAYHEW BRIAN FMR VICE PRES.	P	1 6 0 3 1	0	3 9 5	3 0 7 1	1 9 4 9 7
PHILPOT JIM CHAIR DFW	N	2 7 2 9 8	0	2 9 0	0	2 7 5 8 8
SHEETS JEFFREY V CHAIR DFW	C	6 7 0 1 0	0	1 0 1 1 8	2 3 8 7	7 9 5 1 5
SPROC ROBERT V CHAIR MIA	C	3 2 2 5 6	0	1 7 8 7 1	1 2 1 3	5 1 3 4 0
TURCOTTE LEONARD CHAIR BOS	C	7 5 9 0 1	0	1 7 4 4 5	1 0 4 3	9 4 3 8 9

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
WILSON KEITH V CHAIR DCA		N	1 4 7 9 5	0	2 2 5 5	0	1 7 0 5 0
BEATTY SAMUEL V CHAIR STL		N	6 3 1 0	0	2 4 7 3	0	8 7 8 3
BOUNDS KEITH CHAIR STL		N	2 9 4 6	0	2 7 1 8	0	5 6 6 4
MORGAN ROBERT FMR SEC./TREAS.		P	3 8 0	0	0	2 0 9 2	2 4 7 2
ROACH STEVE FMR V CHAIR SFO		P	1 1 0 4	0	0	6 0 6	1 7 1 0

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
BICKHAUS	BERNARD	1 4 6 8 7 1	0	7 6 1 4	0	1 5 4 4 8 5
MGR - SAFETY/TRAIN						
BIRDWELL	LARRY	1 6 6 8 9	0	1 5 2 4	0	1 8 2 1 3
MEMBER						
BISSELL	STANLEY	2 0 2 7 9 3	0	1 4 8 6 7	2 6 3 3	2 2 0 2 9 3
MEMBER						
BLEVINS	RITA	3 0 4 4 3	0	0	0	3 0 4 4 3
RECEPTIONIST						
BOGGESS	BENNETT	1 5 3 0 0 0	0	1 5 7 2 3	0	1 6 8 7 2 3
DIR OF REPRESENT						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: **0 5 9 - 8 4 9**

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
BROWN	DAVID	1 1 5 7 3	0	2 5 9	0	1 1 8 3 2
MEMBER						
BROWN	ROBERT	2 1 4 7 3	0	1 3 9 4 0	0	3 5 4 1 3
MEMBER						
BRUDER	PETER	1 3 0 5 7	0	2 4 7 9	0	1 5 5 3 6
MEMBER						
BURTON	MIDGE	3 6 0 2 8	0	0	0	3 6 0 2 8
CLERICAL						
CARREON	SUSIE	2 8 1 2 4	0	0	0	2 8 1 2 4
EMPLOYEE						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
CATALANO	STEVE	5 9 9 7 2	0	5 1 2 0	0	6 5 0 9 2
MEMBER						
CLARK	LYNNE	1 1 4 0 7	0	2 6 2	0	1 1 6 6 9
EMPLOYEE						
CLARK	PATRICK	4 9 2 7 8	0	2 1 1 0	0	5 1 3 8 8
MEMBER						
COCHRAN	HENRY	2 2 5 4 4	0	1 9 7 0	0	2 4 5 1 4
MEMBER						
COMPTON	LINDA	6 6 5 0 0	0	5 3 8 5	0	7 1 8 8 5
BENEFITS						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: **0 5 9 - 8 4 9**

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
DAVID	JOHN	5 7 0 1 9	0	2 3 7 6 0	0	8 0 7 7 9
MEMBER						
DELLAGRECA	DENNIS	1 7 1 3 2	0	4 6 2 2	6 7 5	2 2 4 2 9
MEMBER						
DENNIS	RUSSELL	5 9 4 1 8	0	1 5 6 6 6	0	7 5 0 8 4
MEMBER						
DIOMEDE	JOE	6 4 6 6 6	0	0	0	6 4 6 6 6
CONTRACT ADMIN.						
DOMINY	DAVID	3 5 1 4 1	0	1 3 1	0	3 5 2 7 2
EMPLOYEE						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: **0 5 9 - 8 4 9**

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
DOMINY	STEVEN	3 5 7 3 5	0	3 7 4 3	0	3 9 4 7 8
MEMBER						
DRYER	ERNEST	1 4 0 1 0	0	4 0 2 9	0	1 8 0 3 9
MEMBER						
DUFF	ANDREA	4 7 0 6 8	0	1 1 6 2	0	4 8 2 3 0
EMPLOYEE						
DUKE	RAY	1 2 9 0 0 0	0	2 1 2 0 6	0	1 5 0 2 0 6
ATTORNEY						
EATON	JAMES	5 3 1 0 1	0	7 7 8 1	0	6 0 8 8 2
MEMBER						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: **0 5 9 - 8 4 9**

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
ELMORE	KEVIN	2 7 4 5 6	0	1 9 4 1	0	2 9 3 9 7
MEMBER						
ENGELKE	ANDREW	2 8 9 7 1	0	7 4 8	0	2 9 7 1 9
MEMBER						
FLUTY	KAREN	3 1 4 1 5	0	0	0	3 1 4 1 5
EMPLOYEE						
GARRETT	ROBERT	7 5 7 3	0	2 4 3 0	0	1 0 0 0 3
MEMBER						
GOLDFARB	JOANNE	2 7 3 7 8	0	8 9	0	2 7 4 6 7
EMPLOYEE						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
GONZALEZ	ANTHONY	4 4 6 4 3	0	1 9 3 7	0	4 6 5 8 0
PRINT SHOP						
GOUNAUD	CHARLES	2 5 5 0 7	0	2 8 7 2	0	2 8 3 7 9
MEMBER						
HAINA	KENT	1 7 8 3 8	0	9 6 7 6	0	2 7 5 1 4
MEMBER						
HANKINS	SHANNON	1 9 3 8 4	0	1 8 6 2	0	2 1 2 4 6
MEMBER						
HARGRAVE	NICKI	3 7 2 7 7	0	0	0	3 7 2 7 7
EMPLOYEE						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: **0 5 9 - 8 4 9**

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
HAUG	WILLIAM	1 3 8 2 7	0	8 7 1	0	1 4 6 9 8
MEMBER						
HEBERT	SUZETTE	4 6 6 9 9	0	5 9	0	4 6 7 5 8
EMPLOYEE						
HEPP	CHARLES	8 5 4 1 7	0	1 0 7 9 2	0	9 6 2 0 9
MEMBER						
HILL	LLOYD	1 7 6 8 5 4	0	2 0 1 0 8	2 2 6 2	1 9 9 2 2 4
MEMBER						
HODGE	CAROLYN	3 9 0 3 8	0	6 2	0	3 9 1 0 0
EMPLOYEE						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
HUNTER	RALPH	1 3 0 1 3	0	5 3 7	0	1 3 5 5 0
MEMBER						
JONES	CYNTHIA	1 1 9 2 9	0	0	0	1 1 9 2 9
EMPLOYEE						
KAWAI	TAKAAKI	1 1 8 6 8	0	8 6 5 5	0	2 0 5 2 3
MEMBER						
KENNEDY	TRISH	1 7 5 7 5	0	2 9 6	0	1 7 8 7 1
EMPLOYEE						
KNOERR	MIKE	1 2 3 3 5 0	0	5 2 4 5	0	1 2 8 5 9 5
DIR OF BENEFITS						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
KRUGER	RALPH	1 6 7 1 5	0	5 1 2 5	0	2 1 8 4 0
MEMBER						
KUNERT	KEITH	1 4 4 3 6	0	1 3 1 6	0	1 5 7 5 2
MEMBER						
LAUER	JOHN	5 4 6 9 5	0	6 7 1 0	0	6 1 4 0 5
MEMBER						
LAWRENCE	JOHN	1 1 8 6 5 0	0	2 7 4 0	0	1 2 1 3 9 0
DIR OF FIN/ACCTG						
LECHASSEUR	KATE	3 3 0 3 9	0	0	0	3 3 0 3 9
EMPLOYEE						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
LEONE	MICHAEL	2 1 8 9 5	0	4 1 1 0	0	2 6 0 0 5
MEMBER						
LITTLE	JEAN	3 7 1 4 0	0	0	0	3 7 1 4 0
CLERICAL-ACCTG						
LOGSDON	ROBERT	6 3 9 9 9	0	2 7 1 1	0	6 6 7 1 0
MEMBER						
LOPEZ	PETE	4 4 9 1 4	0	8 1 4	0	4 5 7 2 8
EMPLOYEE						
MARKO	LIZ	4 3 4 0 4	0	2 0 0	0	4 3 6 0 4
EMPLOYEE						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: **0 5 9 - 8 4 9**

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
MCCLUNG	RENATE	6 6 2 6 2	0	0	0	6 6 2 6 2
MGR GRAPH DESIGN						
MCDONALD	MEGAN	3 3 5 5 3	0	6 2 9	0	3 4 1 8 2
EMPLOYEE						
MCELVANY	LIZ	3 7 6 7 8	0	0	0	3 7 6 7 8
EMPLOYEE						
MCMILLEN	CAROLE	3 7 6 5 7	0	6 1	0	3 7 7 1 8
EMPLOYEE						
MELLERSKI	MICHAEL	5 8 5 7 9	0	5 4 9 4	0	6 4 0 7 3
MEMBER						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: **0 5 9 - 8 4 9**

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
MICHAELIS	MICHAEL	3 6 3 2 6	0	1 1 4 5 7	0	4 7 7 8 3
MEMBER						
MICHAELSEN	KENT	2 5 9 6 1	0	3 7 1 3	0	2 9 6 7 4
MEMBER						
MINER	TIMOTHY	1 4 9 6 9	0	5 1 7	0	1 5 4 8 6
MEMBER						
MORGAN	GERARDO	8 4 4 8	0	3 0 4 0	0	1 1 4 8 8
MEMBER						
MORRISON	PATRICI	3 9 6 0 9	0	8 9	0	3 9 6 9 8
CLERICAL-ACCTG						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
MURPHY	SHIRLYC	2 9 2 5 1	0	1 4 2	0	2 9 3 9 3
EMPLOYEE						
NORELIUS	JAMES	3 6 5 6 7	0	7 2 6 0	0	4 3 8 2 7
MEMBER						
OVERMAN	GREG	1 0 7 6 7 7	0	7 7 2 1	0	1 1 5 3 9 8
DIR COMMUNICATIO						
PATTERSON	NORMAN	1 1 9 5 0	0	3 6 5 9	0	1 5 6 0 9
MEMBER						
PAUWELS	LINDA	3 1 8 7 8	0	7 2 2 6	0	3 9 1 0 4
MEMBER						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: **0 5 9 - 8 4 9**

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
PAVLICA	JAMES	3 0 3 0 7	0	3 7 0 4	0	3 4 0 1 1
MEMBER						
PENDERGRASS	DON	4 0 8 4 7	0	5 3 6	0	4 1 3 8 3
PRINT SHOP						
PINION	DOUGLAS	1 4 3 7 9 2	0	6 9 9 2	0	1 5 0 7 8 4
MEMBER						
PITTS	DONALD	3 9 7 2 3	0	1 5 7 8 0	0	5 5 5 0 3
MEMBER						
POOLE	JAMES	2 9 3 8 7	0	4 9 1 4	0	3 4 3 0 1
MEMBER						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: **0 5 9 - 8 4 9**

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
PURCELL	WILLIAM	2 2 2 7 7	0	4 4 3 4	0	2 6 7 1 1
MEMBER						
PYLE	SUE	5 9 8 8 8	0	0	0	5 9 8 8 8
SR EXEC SEC						
RANCATORE	PAUL	3 3 0 0 5	0	7 4 8 0	0	4 0 4 8 5
MEMBER						
RAY	BRUCE	9 7 3 0	0	3 8 1	0	1 0 1 1 1
MEMBER						
REIFSNYDER	ROBERT	1 2 3 5 4 3	0	1 6 8 8 8	1 1 6 8	1 4 1 5 9 9
MEMBER						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

ENDING DATE OF PERIOD COVERED:
06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
RICH MEMBER	PAUL	1 3 6 7 0	0	1 9 4 6	0	1 5 6 1 6
RIVERA MEMBER	JOSE	7 1 3 9	0	3 3 6 0	0	1 0 4 9 9
ROSSELOT MEMBER	LAWRENC	3 7 4 6 5	0	7 5 4 3	0	4 5 0 0 8
ROSSETTI MEMBER	MICHAEL	1 1 1 6 2	0	3 6 7	1 8 0 8	1 3 3 3 7
RUBAE EMPLOYEE	MELISSA	3 6 8 4 5	0	0	0	3 6 8 4 5

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

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ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
RUBIN	RICHARD	8 9 3 3 1	0	1 6 5 3 9	0	1 0 5 8 7 0
MEMBER						
RUSHING	BRUCE	5 9 1 5 5	0	9 4 3	0	6 0 0 9 8
PRINT SHOP						
SAFLEY	JON	1 9 5 4 5	0	3 4 9 9	0	2 3 0 4 4
MEMBER						
SCHAFER	GLENN	1 4 6 6 3	0	5 4 3 8	0	2 0 1 0 1
MEMBER						
SCHRICKER	KARL	1 3 9 4 3 4	0	9 8 5 4	1 2 6 5	1 5 0 5 5 3
MEMBER						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
SCHROEDER	KATHY	5 8 4 5 7	0	0	0	5 8 4 5 7
EMPLOYEE						
SHANNON	MARTIN	7 1 5 8 4	0	0	0	7 1 5 8 4
CONTRACT ADMIN						
SMITH	WILBURN	5 2 1 8 4	0	0	0	5 2 1 8 4
CONTRACT ADMIN						
SOPHOS	HARRY	7 5 3 6 0	0	2 5 3 5	0	7 7 8 9 5
EMPLOYEE						
SOVICH	JAMES	3 4 1 2 0	0	4 8 7 5	1 3 1 7	4 0 3 1 2
MEMBER						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
STEFANIK	RONALD	1 6 9 9 5	0	4 6 5 7	0	2 1 6 5 2
MEMBER						
STELTZER	HEIDI	4 2 3 3 0	0	5 0 6	0	4 2 8 3 6
EMPLOYEE						
STEPHENS	MARK	1 6 0 9 4 4	0	1 0 0 8 7	1 8 2 6	1 7 2 8 5 7
MEMBER						
STEWART	DAVID	1 3 8 2 8	0	4 2 4 3	0	1 8 0 7 1
MEMBER						
TETEN	SUSAN	3 8 1 5 0	0	0	0	3 8 1 5 0
BENEFITS COORD						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: **0 5 9 - 8 4 9**

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
THORN	DEBBIE	5 7 6 5 3	0	1 8 3 0	0	5 9 4 8 3
OFFICE ADMIN						
VAN DEVENTER	JOHN	2 1 4 6 9	0	3 5 2	0	2 1 8 2 1
MEMBER						
WALKER, JR.	ROBERT	1 5 4 3 2	0	2 3 1 9	0	1 7 7 5 1
MEMBER						
WATSON	JOETTE	3 0 7 8 2	0	3 5 0 0 0	0	6 5 7 8 2
EMPLOYEE						
WELCH	BRIAN	4 2 6 2 3	0	6 9 5	0	4 3 3 1 8
MEMBER						

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
WELLER	GARY	1 2 0 9 0	0	2 0 3 7	0	1 4 1 2 7
MEMBER						
WHITE	EDWIN	6 8 3 9 8	0	7 9 7 3	0	7 6 3 7 1
MEMBER						
WILLSON	JAMES	9 1 4 5 0	0	2 0 6 2 9	0	1 1 2 0 7 9
EMPLOYEE						
WISSING	TODD	9 7 4 9	0	1 6 4 9	0	1 1 3 9 8
MEMBER						
ZWINGLE	CHRISTO	1 8 0 7 9	0	1 8 0 9	0	1 9 8 8 8
MEMBER						

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION
ENDING DATE OF PERIOD COVERED: 06/30/2002

FILE NUMBER: **0 5 9 - 8 4 9**

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
KRANYAK T EMPLOYEE	7 8 3 5 0	0	3 8 7 1	0	8 2 2 2 1

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 11 – BENEFITS (continued)Form LM-2 (Revised 2000)

ENDING DATE OF PERIOD COVERED:
06/30/2002

SCHEDULE 12 – CONTRIBUTIONS, GIFTS & GRANTS (continued)Form LM-2 (Revised 2000)

ENDING DATE OF PERIOD COVERED:
06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

[illegible]

ENDING DATE OF PERIOD COVERED:
06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

[illegible]

ENDING DATE OF PERIOD COVERED:
06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

[illegible]

ORGANIZATION NAME:

ALLIED PILOTS ASSOCIATION

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:

06/30/2002

75. ADDITIONAL INFORMATION

Item Number

10

THE ALLIED PILOTS ASSOCIATION CREATED THE APA HOLDING COMPANY, AN IRS CODE SECTION 501(C)(2) TITLE HOLDING COMPANY IN 1999. THE PURPOSE OF THIS COMPANY IS TO HOLD TITLE TO THE REAL PROPERTY PURCHASED BY THE ALLIED PILOTS ASSOCIATION. THE ACTIVITY OF THIS COMPANY IS INCLUDED IN THIS REPORT. THE ADDRESS OF THIS SUBSIDIARY IS 14600 TRINITY BOULEVARD, SUITE 500, FORT WORTH, TEXAS 76155.

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION
ENDING DATE OF PERIOD COVERED: 06/30/2002

FILE NUMBER: **0 5 9 - 8 4 9**

75. ADDITIONAL INFORMATION (continued)

Item Number	
11	<p>THE ALLIED PILOTS ASSOCIATION SPONSORS THE FOLLOWING PROGRAMS:</p> <ul style="list-style-type: none">ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEEALLIED PILOTS ASSOCIATION FEDERAL CREDIT UNIONALLIED PILOTS ASSOCIATION WELFARE AND BENEFITS MASTER TRUST (EIN#75-2589033):<ul style="list-style-type: none">APA CATASTROPHIC MEDICAL AND HOSPITAL PER DIEM BENEFIT PLANAPA DISABILITY INCOME PLANAPA VOLUNTARY SUPPLEMENTAL MEDICAL AND CUSTODIAL CARE PLANAPA GROUP TERM LIFE INSURANCE PLANAPA PILOTS MUTUAL AIDALLIED PILOTS ASSOCIATION FURLOUGHED PILOT LOAN FUNDFLIGHT 965 MEMORIAL/SCHOLARSHIP FUNDAPA HOLDING COMPANY (EIN#75-2785182)ALLIED PILOTS ASSOCIATION SCHOLARSHIP FUND (EIN#75-2759329)

ORGANIZATION NAME:

ALLIED PILOTS ASSOCIATION

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED:

06/30/2002

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
12	THE ALLIED PILOTS ASSOCIATION HAS A SEPARATE POLITICAL ACTION COMMITTEE CALLED THE ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE. THE COMMITTEE FILES A REPORT ANNUALLY WITH THE FEDERAL ELECTION COMMISSION AND THE INTERNAL REVENUE SERVICE.

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: **0 5 9 - 8 4 9**

ENDING DATE OF PERIOD COVERED:
06/30/2002

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
14	AN AUDIT OF THE BOOKS AND RECORDS OF THE ALLIED PILOTS ASSOCIATION WAS PERFORMED BY THE INDEPENDENT ACCOUNTING FIRM OF KPMG LLP.

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION
ENDING DATE OF PERIOD COVERED: 06/30/2002

FILE NUMBER: **0 5 9 - 8 4 9**

75. ADDITIONAL INFORMATION (*continued*)

Item Number	
22	SEE ATTACHED REVISIONS TO THE POLICY MANUAL DATED JUNE 29, 2002 AND TWO COPIES OF THE CONSTITUTION AND BYLAWS DATED JULY 7, 2002 WHICH WAS RATIFIED AND APPROVED BY THE ALLIED PILOTS ASSOCIATION MEMBERSHIP ON MARCH 29, 2002. NO SUBSTANTIVE CHANGES TO POLICIES AND PROCEDURES WERE MADE, THEREFORE FORM LM-1 IS NOT REQUIRED TO BE FILED.

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION

FILE NUMBER: **0 5 9 - 8 4 9**

ENDING DATE OF PERIOD COVERED:
06/30/2002

75. ADDITIONAL INFORMATION (continued)

Item Number 27	<p>SCHEDULE 1, LOANS RECEIVABLE:</p> <p>ITEM 1, SUPPLEMENTAL INFORMATION REGARDING FURLOUGHED PILOT LOAN FUND</p> <p>PURPOSE: TO PROVIDE FINANCIAL SUPPORT FOR PILOTS THAT HAVE BEEN FURLOUGHED TERMS OF REPAYMENT: IN 1995, THE ASSOCIATION BEGAN A FURLOUGHED PILOT LOAN FUND (THE "FUND") TO PROVIDE FINANCIAL SUPPORT FOR PILOTS ON FURLOUGH. THE FUND ACCEPTED VOLUNTARY CONTRIBUTIONS FROM MEMBERS AND USED THE PROCEEDS OF SUCH CONTRIBUTIONS TO PROVIDE NON-INTEREST BEARING LOANS TO FURLOUGHED PILOTS. THE MEMBERS WHO ORIGINALLY CONTRIBUTED TO THE FUND RECEIVED A PARTIAL REFUND OF THEIR PRO RATA SHARE IN 1998 AND THE BALANCE IN 2001. IN CONNECTION WITH THE ESTABLISHMENT OF THE FUND AND BY RESOLUTION OF THE ASSOCIATION'S BOARD OF DIRECTORS IN APRIL 1995, THE ASSOCIATION ADVANCED \$203,736 TO THE FUND. DURING THE YEAR ENDED JUNE 30, 2002, MEMBERS PROVIDED \$321,764 OF ADDITIONAL FUNDS TO RECENTLY FURLOUGHED PILOTS. WHEN LOAN PAYMENTS ARE COMPLETED, ALL MEMBERS WILL RECEIVE THE REMAINDER OF THEIR PRO RATA SHARE, NET OF CHARGE-OFFS AND NET INCOME, IF ANY. THE FUND HAD LOANS OUTSTANDING TO FURLOUGHED PILOTS OF \$500,148 AND \$35,271, AS OF JUNE 30, 2002 AND 2001, RESPECTIVELY. LOANS WILL BE REQUIRED TO BE REPAYED ONLY AFTER THE FURLOUGHED PILOTS ARE REINSTATED ON THE AMR PAYROLL.</p> <p>ITEM 2, SUPPLEMENTAL INFORMATION REGARDING THE EMERGENCY RELIEF FUND</p> <p>PURPOSE: TO PROVIDE FINANCIAL SUPPORT FOR PILOTS PENDING RESOLUTION OF TERMINATION GRIEVANCES TERMS OF REPAYMENT: IN 1999, THE ASSOCIATION BEGAN PAYMENTS TO PILOTS UNDER THE EMERGENCY RELIEF FUND TO PROVIDE FINANCIAL SUPPORT FOR THE PROVO COCKPIT CREW DURING THE PENDENCY OF THEIR GRIEVANCES. THE ASSOCIATION'S BOARD OF DIRECTORS HAS DIRECTED THAT IF THE GRIEVANCES ARE DENIED, THERE WILL BE NO OBLIGATION TO REPAY THE ASSOCIATION AMOUNTS RECEIVED. HOWEVER, IF THE GRIEVANCES ARE GRANTED, PILOTS SHALL REPAY THE AMOUNTS RECEIVED OVER A MAXIMUM OF FIVE YEARS WITH NO INTEREST. AS A MATTER OF REPAYMENT OF SUMS RECEIVED FROM THE EMERGENCY RELIEF FUND, NO MANDATORY IMPLEMENTATION WILL OCCUR BEFORE SIX MONTHS FROM THEIR REINSTATEMENT ON THE AMR PAYROLL..</p> <p>ITEM 3, SUPPLEMENTAL INFORMATION REGARDING IRISH PILOTS UNION RECEIVABLE PURPOSE: TO PROVIDE SHORT TERM FINANCIAL SUPPORT FOR THE IRISH PILOTS UNION TERMS OF REPAYMENT: THE ENTIRE AMOUNT OF THE RECEIVABLE WAS REPAYED TO THE ALLIED PILOTS ASSOCIATION IN JULY 2002.</p>
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